

Summary of the June 23, 2004 System Leadership Council Meeting

The following Council members attended this meeting.

Janet Areson	James L. Evans, M.D.	Jules J. Modlinski, Ph.D.
Steven J. Ashby, Ph.D.	Thomas Geib	George W. Pratt, Ed.D.
Jack W. Barber, M.D.	Paul R. Gilding	Raymond R. Ratke
Barbara Barrett	Catherine Hancock	Frank L. Tetrick, III
H. Lynn Chenault	Cynthia B. Jones	James A. Thur, M.P.H.
Charline A. Davidson	Charlotte V. McNulty	Joy Yeh, Ph.D.

Rosemarie Bonacum, Jim Martinez, and Lee Price also attended the meeting. This summary lists key points discussed at the meeting; **decisions, agreements, and actions are shown in bold print.**

1. Last Meeting Summary and Current Agenda: The Council accepted the summary of its May 12 meeting and the agenda for this meeting. Ray Ratke introduced Lee Price, the Department's new Director of the Office of Mental Retardation Services.
2. CMS Letter About Medicaid Eligibility of Consumers in Public Institutions or IMDs to Access Mainstream Services Upon Release: The CMS letter encourages states to maintain Medicaid eligibility for consumers while they are in public institutions, such as jails, prisons, and institutions for mental disease or IMDs (e.g., state mental health hospitals). This letter would not require a change in Department of Medical Assistance Services (DMAS) regulations but would necessitate a change in the DMAS Medicaid Management Information System. Now, there is no capacity to suspend a person's eligibility while he is in a public institution. Also, there is a concern about how to handle long lengths of stay in public institutions. DMAS is reviewing the letter. DMAS was asked to communicate with relevant parties about the issue, stating its concerns, and asking for input and feedback. **Cindy Jones agreed that DMAS would deal with this letter soon.**
3. Allocation of new State Funds for Services to Non-CSA Mandated Children
 - Ray Ratke discussed the decision to award \$50,000 to each CSB to give it a funding base for these services. This was recommended by the Virginia Association of Community Services Boards (VACSB) Child and Family Task Force and has been approved by the Secretary of Health and Human Resources.
 - While funds will be distributed this way, the Appropriation Act is clear; the funds can be used only to serve children with serious emotional disturbance in individualized services with the involvement of Family Assessment and Planning Teams (FAPTs) and Comprehensive Policy and Management Teams (CPMTs).
 - The Department's guidance will clarify that non-mandated means any child who is not mandated to receive services under the applicable state statute or regulation. The guidance will also clarify that the CSA formula (locality based) was used only to calculate individual CSB allocations, but not to allocate funds to individual localities. The Department can distribute state funds only to CSBs, not to individual localities. A CSB can redistribute its allocation among the localities that it serves to ensure maximum utilization of the funds.
 - If a CSB has the agreement of its FAPT(s) and CPMT(s) that individualized services plans do not have to be reviewed by them, that is acceptable. Anything sanctioned or approved by FAPTs or CPMTs that satisfies the intent of language in the Appropriation Act is acceptable.
 - For instance, if a child has serious emotional disturbance, is in a non-mandated population, and is in the custody of the Department of Juvenile Justice Services, available state general funds from this allocation could be used to serve that child.
 - Staff in the Office of Child and Family Services are available to assist CSBs as they implement the guidance from the Department.
 - **Ray Ratke agreed to talk with Alan Saunders (Office of Comprehensive Services) about how to communicate all of this to CPMTs. Subsequently, the Commissioner sent an e-mail to CSBs and CPMTs about the use of these funds on July 9.**

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4. Allocation of New State MH Funds for DAP, PACTs, and Inpatient Purchases of Services

- Ray Ratke thanked the regions for their work on proposals. Department staff will be analyzing those proposals using the five principles in the original memorandum and other information, clarifying any concerns with the regions, and developing a draft plan for allocating the funds with an emphasis on regional approaches.
- Then, Department staff will meet with regional leadership on July 13 to review the draft plan and decide how to allocate these funds, so that the first payments of these funds in early August.
- Concerns were expressed about the need for additional Inpatient Purchases of Services funds in future years to deal with rising costs and for a long-term plan for addressing those costs. This concern should be identified in the August 1 regional plans and in the Integrated Strategic Plan.
- Declining availability of private psychiatric inpatient beds through bed closures or the refusal of some providers to participate will also affect implementation of Inpatient Purchases of Services.
- **Subsequently, the Department notified CSBs about allocations on July 30. Notification letters included Performance Contract Exhibit D attachments, listing conditions for use of the funds. All of the funds were allocated on regional bases except for PACT Teams.**

5. Allocation of 700 New Community Medicaid MR Waiver Slots

- The Department notified CSBs two days before this meeting of their allocations of the additional slots. There are now 1,388 individuals on the urgent care waiting list, and slots were distributed proportionately based on that list. The Department and CSB MR directors worked closely to confirm the urgent care waiting list numbers. FY 2005 funding will support 520 slots.
- A Waiver Advisory Group will monitor implementation of the slots, maintaining open lines of communication about implementation needs (e.g., provider training) through telephone conferences, initially weekly and then bi-weekly. It will focus on operational issues and is separate from DMAS' existing MR Waiver Advisory Group, which focuses on policy issues.
- **It was suggested that it would be helpful for the Department to put information about these groups on the Department's web site, and the Department agreed to do this.**
- Several critical implementation issues were identified:
 - lack of start up funds, estimated by Northern Virginia CSBs to be \$10,000 per consumer for facility modifications and hiring and training staff;
 - needed additional staff are not available, for instance Northern Virginia expects to implement 211 community and state facility slots, and this will require 260 additional staff;
 - payments are not adequate - adequate payment is a combination of payment rates and approved hours; since rates are inadequate, the only way to address the issue is through adequate hours, but the number of hours approved are not adequate or consistent; and
 - 24-hour general supervision should be an allowable expense for consumers discharged from or at risk of admission to training centers. Training center residents receive this supervision and many of them need it in the community. **There was general agreement that 24-hour general supervision should be an allowable expense for these consumers.**
- **Ray Ratke indicated that the issue of start up funds is complicated; there is no resolution yet. The issue has been discussed with DMAS and will be discussed with the Secretary.**

6. Allocation of 160 New State Facility Medicaid MR Waiver Slots

- Department staff met with state training center directors to confirm the numbers of residents on discharge waiting lists and allocated the slots as follows: 65 slots to CVTC, 8 slots to NVTC, 17 slots to SWVTC, 62 slots to SVTC, and 8 slots to SEVTC. While these are budgeted as state facility slots, they will be allocated to CSBs.
- All of the concerns about the community waiver slots also apply to these slots. Concerns also have been expressed about the quality of some residential providers.

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- Frank Tetrick will be leading an effort to look at case management and improving service quality as part of the DMAS/Secretary agreement to leave case management responsibility for waiver slots with CSBs.
- There was general agreement that successful implementation of all of the waiver slots is critically important. It will be important to be nimble and flexible, streamline how we do business, provide needed assistance, and document our successes.

7. State Pharmacy

- The work plan of the State Pharmacy Work Group focuses on: 1) current practices, 2) new processes to improve the system, and 3) long term issues. **The Work Group will produce a report by November. This area could be part of the December Governor's Conference and included in the Integrated Strategic Plan.**
- Four subgroups will be meeting before the next full meeting on July 23: 1) Eligibility for State Pharmacy Medications, 2) Identification of Best Prescribing Practices, 3) Funding Plan, and Administrative and Other Oversight Structures. All subgroups will consider 1) all sources of funding, 2) the future role of pharmacy resources, 3) how the State Pharmacy will be involved in restructuring, and 4) the involvement of consumers.
- An emerging major unresolved issue involves responsibility for medications for DOC inmates returning to the community. The Forensic Special Population Work Group is examining this issue as part of the DMHMRSAS/CSB/DOC memorandum of understanding.
- Several other issues or questions about medications were identified and should be raised with the General Assembly and the VACSB Public Policy Committee:
 - the impact of private pharmaceutical indigent sample programs now and if they were ended,
 - the total need for medications, not just by those eligible for State Pharmacy medications,
 - shifts to a community-based system of care and to the recovery model as they affect the State Pharmacy, and
 - medication needs of people recovering from addictions.
- **Dr. Evans agreed that DMAS should be added to the Work Group.**
- The current State Pharmacy budget shortfall is \$3.7 million, without additional consumers or new medications. The Department of Planning and Budget is supportive of a budget amendment for the current fiscal year.

8. The Shift of Medicaid-Funded Services Toward a Transformed Community-Based Recovery

Emphasis: This was postponed to our next meeting so that Cindy Jones and Dr. Reinhard could participate in the discussion.

9. Announcements

- Frank Tetrick discussed the Virginia Board for People with Disabilities grant of \$250,000 to the Department over two years to enhance community integration of the developmental disabilities population. Department staff will meet with regional leadership to discuss how to use these funds.
- Jules Modlinski shared a handout on differences between DMAS and Department qualifications for QMHPs and QMRPs and urged that they be standardized. **This issue was referred to the Department's Office of Licensing for clarification and coordination with DMAS.**
- Steve Ashby noted that the Joint Commission on Health Care is meeting on June 29 to seek input about the *Washington Post* articles on assisted living facilities. He also mentioned some issues between the state Department of Social Services and the federal government about 4E maximization.

10. Next Meeting: The next meeting of the System Leadership Council is scheduled for September 22 at Henrico Area Mental Health and Mental Retardation Services from 9:00 a.m. to noon.